	FA-PM-91-4 ust 1991	(BPD)	SUPPLEMENT 2 TO ATTACHMENT 2.6-A Page 1 OMB No.: 0938-		
S	TATE PLAN UNDE	R TITLE XIX	OF THE SOCIAL SECURITY ACT		
Stat	e: Kentuc	ky			
		RESOURCE	ELEVELS		
CATEGORIC	ALLY NEEDY GRO	OUPS WITH INC	COMES RELATED TO FEDERAL POVERTY LEVEL		
1. Pregnan	t Women				
a. Man	datory Groups				
	Same as SSI	resources le	evels.		
			SI resource levels and is as follows:		
<u>F</u>	amily Size	Resour	rce Level		
	1	N/A	A*		
	2	N/A	A*		
b. Optional Groups					
	Same as SSI	resources le	evels.		
<u> </u>	Less restric	tive than SS	SI resource levels and is as follows:		
<u>Fa</u>	amily Size	Resour	cce Level		
	1	N//	A*		
	2	N//	'A*		
*All r	resources are dis	regarded.			

A.

TN No. 92-1	_	NOV 1 4 1004			
Supersedes	Approval Date	NOV 14 1994	Effective	Date _	1-1-92
TN No. 89-23				_	
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HCFA ID: 7985E

August 1991 (BPD)	SUPPLEMENT 2 TO ATTACHMENT 2.6-A Page 5 OMB No.: 0938-
STATE PLAN UNDER TIT State: Kentucky	LE XIX OF THE SOCIAL SECURITY ACT
b. Optional Group of Child	ren
∠ Same as resource	levels in the State's approved AFDC plan.
$\angle \chi$ Less restrictive	than the AFDC levels and are as follows:
Family Size	Resource Level
1	NA*
2	NA*
3	NA*
4	NA*
5	NA*
6	NA*
7	NA*
8	NA*
9	NA*
_10	NA*
*All resources are disregarded.	•
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TN No. 92-1	
Supersedes Approval Date No. None	OV 1 4 1994 Effective Date1-1-92

HCFA ID: 7985E

	HCFA-PM-91-4 (August 1991	BPD)	Page 6 OMB No.: 0938-	2.6-A		
s	STATE PLAN UNDER tate: Kentucky	TITLE XIX OF TH	E SOCIAL SECURITY ACT			
4. Aged	and Disabled Indiv	<u>viduals</u>				
$\overline{\Box}$	Same as SSI resou	rce levels.				
	More restrictive than SSI levels and are as follows:					
	Family Size	Resource Lev	<u>rel</u>			
	1					
	2		 .			
	3					
	4					
	5					
	Same as medically has a medically n	needy resource eedy program)	levels (applicable only if	State		
		-				
			•			
TN No. Supersedes Tw No. Non	Approval Date	NOV 14 1994	Effective Date 1-1-	92		

HCFA ID: 7985E

	HCFA-PM-91-4 August 1991	(BPD)	SUPPLEMENT 2 TO ATTACHMENT Page 7 OMB No.: 0938-	2.6-A		
	STATE PLAN UNDE	R TITLE XIX OF TH	E SOCIAL SECURITY ACT			
S.	tate: <u>Kentuck</u>	(у				
	RESOURCE LEVELS (Continued)					
B. MEDICALI	LY NEEDY					
Applical	ole to all groups	. -				
Ex	kcept those speci f the Act.	fied below under	the provisions of section 1	902(f)		
,	Family Size	Resource Le	<u>vel</u>			
	1	2,000	· ———			
	2	4,000				
	3	4,050				
	4	4,100				
	5	4,150				
	6	4,200				
	7	4,250				

10 \$50 For each additional person

___8___

__9__

TN No		NOV 14 1994	·	
Supersedes	Approval Dat	te 110 1 4 1334	Effective Date	1-1-92
ייד No. <u>None</u>	-		HCF3 ID: 7985F	

4,300

4,350

4,400